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DATE: June 5, 2003**FILE:** Attorney Docket No. YOR920000056US1
Serial No. 09/755,787**Facsimile Message From: TERESA M. HAMLIN**

Please deliver the following pages to:

NAME: Examiner Paul A. Bell
OF: U.S. Patent and Trademark Office
FAX NUMBER: (703) 872-9314
NUMBER OF PAGES INCLUDING THIS COVER PAGE: 29
COMMENTS/INSTRUCTIONS
As per your request, attached are copies of the Amendment Transmittal, Amendment and Response to Office Action, and Associate Power of Attorney which were filed with the U.S. Patent and Trademark Office on April 4, 2003 for Application Serial No. 09/755,787. Also attached is a copy of the return stamped postcard indicating receipt in the USPTO on April 14, 2003. As you mentioned, it appears that the extension and additional claim fees have already been paid. Please let us know if you require any additional information. Thank you for your help.

If you do not receive all of the pages, please call us back as soon as possible at (516) 759-2722.

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Attorney Docket No. YOR920000056US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application

Applicant(s): P.R. Carini et al.
Docket No.: YOR920000056US1
Serial No.: 09/755,787
Filing Date: January 5, 2001
Group: 2675
Examiner: Paul A. Bell

I hereby certify that this paper is being deposited on this date with the U.S. Postal Service as first class mail addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Signature: James L. HanlinDate: April 4, 2003

Title: Methods and Apparatus for Formatted
Entry of Electronic Ink

AMENDMENT TRANSMITTAL

Assistant Commissioner for Patents
Washington, D.C. 20231

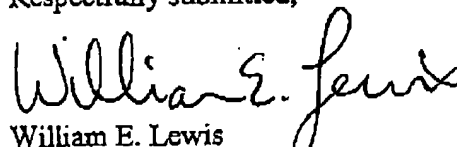
Sir:

Submitted herewith are the following documents relating to the above-identified patent application:

- (1) Amendment and Response to Office Action; and
- (2) Associate Power of Attorney.

Please extend the period for response by one month to April 4, 2003. There is an additional claim fee of \$816 due in conjunction with the Amendment. Please charge **International Business Machines Corporation Deposit Account No. 50-0510** the amount of \$926 (\$816 to cover the additional claim fee and \$110 to cover the one month extension fee). In the event of non-payment or improper payment of a required fee, the Commissioner is authorized to charge or to credit **Deposit Account No. 50-0510** as required to correct the error. A duplicate copy of this letter is enclosed.

Respectfully submitted,



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Date: April 4, 2003